



FOND DU LAC COUNTY

GROUP#: 76-440020

2017 HEALTH CLUB REIMBURSEMENT FORM

NAME: _____

UMR MEMBER ID#: _____

FITNESS CENTER: _____

REIMBURSEMENT

AMOUNT: ☐ \$200.00 – Maximum for Covered Employee

FORWARD TO: WCA Group Health Trust
Attn: Amy Wald
18550 West Capitol Drive
Brookfield, WI 53045

OR FAX TO: WCA Group Health Trust
262-781-0026

**(BE SURE TO ATTACH RECEIPT FROM FITNESS CENTER SHOWING
SINGLE OR FAMILY MEMBERSHIP PAYMENT, NO CONTRACTS PLEASE!)**

**** Please note that your health club reimbursement payment takes about 2-3 weeks to
receive and will be attached to your Explanation of Benefit from UMR ****